

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/254152</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			DEP.	IND.	DEP.	IND.
1	/		/		/		51					
2		/		/		/	52					
3		/		/		/	53					
4		2		/		/	54					
5		2		/		/	55					
6		0		/		/	56					
7		0		/		/	57					
8		0		/		/	58					
9		0		/		/	59					
10		0		/		/	60					
11		0		/		/	61					
12		/		/		/	62					
13	/		/		/	/	63					
14	/		/		/	/	64					
15		2		/		/	65					
16		0		/		/	66					
17		0		/		/	67					
18		0		/		/	68					
19	/	/	/	/	/	/	69					
20		/		/		/	70					
21		2		/		/	71					
22		2		/		/	72					
23		2		/		/	73					
24		0		/		/	74					
25		0		/		/	75					
26		0		/		/	76					
27		0		/		/	77					
28		0		/		/	78					
29	/	/	/	/	/	/	79					
30		/		/		/	80					
31		/		/		/	81					
32						/	82					
33						/	83					
34						/	84					
35						/	85					
36						/	86					
37						/	87					
38						/	88					
39						/	89					
40						/	90					
41						/	91					
42						/	92					
43						/	93					
44						/	94					
45						/	95					
46						/	96					
47						/	97					
48						/	98					
49						/	99					
50						/	100					
TOTAL IND.	5		5		9		TOTAL IND.					
TOTAL DEP.	30		24		29		TOTAL DEP.					
TOTAL CLAIMS	35		29		38		TOTAL CLAIMS					

BEST AVAILABLE COPY